

## Washington Motorcycle Safety Program Classroom/Knowledge Test Site Approval

Use this form to submit classroom/knowledge test site information and photos. WMSP requires sites to comply with all administrative requirements and standards listed within the WMSP policies and procedures guidelines. Do not fax documents or photos. Email or mail this completed and signed form along with photos to:

**Washington Motorcycle Safety Program**  
**Department of Licensing**  
**PO Box 9030**  
**Olympia, WA 98507-9030**

Email: [motorcycle@dol.wa.gov](mailto:motorcycle@dol.wa.gov) Phone: (800) 962-9010

- One form required for each proposed site
- Submit photos of front entrance and interior of classroom and/or knowledge testing area(s)
- Obtain approval of classroom/knowledge test site prior to conducting any rider education courses

**Failure to submit all requested information will result in delay of processing and/or approval.**

### Applicant information

Contractor		Contract number	
Name of site		Nearest cross street	
Physical address		Registration phone number	
City		State	ZIP code
Site restrictions <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____			

### Services to be provided (check all that apply)

<b>Knowledge testing</b> <input type="checkbox"/> Two-wheel <input type="checkbox"/> Three-wheel	<b>Training (Two-wheel)</b> <input type="checkbox"/> Basic RiderCourse (BRC) <input type="checkbox"/> Intermediate Rider Training (IRT) <input type="checkbox"/> Experienced RiderCourse (ERC) <input type="checkbox"/> Harley Davidson™ Rider Academy <input type="checkbox"/> Other: _____	<b>Training (Three-wheel)</b> <input type="checkbox"/> S/TEP Basic <input type="checkbox"/> S/TEP Advanced <input type="checkbox"/> Other: _____
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*I affirm that the information and photographs submitted is accurately represented. I have inspected this site and deem the facility to be safe and within WMSP standards.*

\_\_\_\_\_  
Date and place

**X**

\_\_\_\_\_  
Contractor signature